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ABSTRACT

Children who inherit sickle cell disease, primarily African Americans and Hispanics, are at risk for serious medical conditions and require special care both at home and in school. Sickle cell disease is recognized as an "Other Health Impairment" and identified students may be eligible for special education services under the Individuals with Disabilities Education Act (IDEA). This report reviews the description and management of sickle cell disease, including physical areas affected, medical problems associated with the disease, and proper treatment. A case study details a school's failure to accommodate a child with the disease. The educational rights of a student with the disease are examined within the framework of IDEA: goals of early intervention; types of service considerations; identification, location, and evaluation; inclusion; eligibility determination; individualized education program development; and placement safeguards. Implications are listed for educators and administrators in accommodating students with sickle cell disease. These include teacher education about the disease and its impairments; communication with parents; learning environment modifications; due process; student academic and social evaluation; and "search and find" coordination with social agencies, health care providers, and educators. (SAS)

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Let's Talk about the Needs of African American Children with Sickle Cell Disease: A Recognized 'Other Health Impairment'

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Most cases of sickle cell disease in the United States occur among African Americans, and Hispanics from the Caribbean, Central America and parts of South Africa. It is estimated that 1 in every 400 African Americans inherit sickle cell disease. Children who inherit sickle cell disease are at risk for more serious medical conditions and require special care both in and outside the home environment. Because of the nature of care required, narcotic analgesic usage and repeated absences from school, children with sickle cell disease may experience academic related problems, and may need tutoring or an Individualized Educational Plan (National Institute of Health, 1995).

Since sickle cell disorders occur most frequently among African Americans, many professionals, namely teachers may not be aware of the nature of the disease, or how the disorder affects the child's learning when the necessary accommodations are not provided. This lack of knowledge may lead to an ongoing struggle between the parents and teacher, unnecessary bouts of sickness, increased absences from school, and ultimately skill gaps in the child's learning. The irony of it is that sickle cell disease is recognized as an Other Health Impairment (OHI), and students may be eligible for special education services. Yet, some individuals may not be willing to address sickle cell disease because they fail to relate to it as being an OHI. Thereby, do not consider the requirements of the law that are in place to protect the child.

The Individual with Disabilities Education Act (IDEA), (1997) recognizes Other Health Impairments as a disability. Under IDEA, students identified as having other health impairments have a right to a free and more specifically an appropriate education. Also, stipulated, is the provision that requires agencies to "search and find" those students who may be eligible for Special Education services.

OHI has been further defined as a condition or disease that interferes with a person's functioning (Hardman, Drew, Egan, & Wolf, 1990). To aid in the early identification of students who may require special education is the use of referrals as a search and find tool. These referrals may come from a variety of sources (Underwood, Mead, 1995). These may include medical personnel, teachers, parents and social agency workers. While the law recognizes Other Health Impairments (OHI) as a disability, it does however fail to operationalize procedures to insure proper identification, and the means by which special accommodations are made.

Hardman et. al (1990) noted that children with sickle cell anemia should receive consideration and special care. "Teachers need to be alert to signs of anemia and other conditions that may precipitate a crises", (p. 398). While Sickle Cell Disease is recognized as an other Health Impairment, a student with Sickle Cell Disease may not exhibit learning or behavior problems or a developmental delay and may not meet special education eligibility criteria. Because the child does not meet certain requirements, we cannot, at this time, justifiably deny the child access to an appropriate education. On the basis of what we do know about Sickle Cell Disease, there is a need for special considerations and accommodations during the school day. The accommodations will aid in avoiding medical crises that may provoke educational risks.

Description And Management Of Sickle Cell Disease

According to the National Institute of Health (1995), Sickle Cell Disease is a generic term for a group of genetic disorders characterized by the predominance of hemoglobin S (Hb S). These disorders include sickle cell anemia, the sickle beta thalassemia syndromes, and hemogloginopathies in which Hb S is in association with another abnormal hemoglobin that not only can participate in the formation of hemoglobin polymers but is present in sufficient concentration to enable the red

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cells to sickle.... The sickle disorders are found in people of African, Mediterranean, Indian, and Middle Eastern heritage. In the United States, these disorders are most commonly observed in African American and Latinos from the Caribbean, Central America, and parts of South America. Sickle Cell Disorders are best classified by genotype. The type of hemoglobin produced is determined by the two beta globin genes located on chromosome 11 and the four alpha globin genes located on chromosome 16.... In the case of Sickle Cell Hemoglobin (SC Disease) the individual has two abnormal beta globin genes, *βS and βC*, and makes two abnormal hemoglobins, Hb S and Hb C. Because the alpha globin genes are located on a different chromosome from the beta genes, a patient could also inherit an alpha globin gene abnormality. The most common abnormality, and one that has clinical significance for patients with sickle cell disorder, is the deletion of the alpha globin genes. (p. 1)

The National Association for Sickle Cell Disease (1997) reported that sickle cell disease is an inherited blood disease that can cause bouts of pain, damage to vital organs, and for some, death in childhood or early adulthood. Sickle Cell Disease is hereditary; "It occurs when a person inherits two sickle cell genes or a combination of one sickle cell gene plus any one of several other abnormal hemoglobin genes that affect the red blood cells " (p. 1). To make up our pair of hemoglobin genes, we get one gene from each parent. Each of our parents has two genes for hemoglobin, but only one of these genes is passed on to each child, and no one can determine the gene that will be inherited; it is a matter of chance. A child must get the sickle (S) gene from one parent and sickle (S) hemoglobin C (C), and a beta thal (B) gene from the other parent (National Institute of Health, 1995).

Now in the case when a baby inherits at least one hemoglobin A (usual adult hemoglobin) gene, he will not get sickle cell disease. Carriers of a single cell gene have a sickle cell trait. They are healthy, and rarely have medical problems related to the trait. Furthermore, they cannot, later acquire sickle cell disease (National Association for Sickle Cell Disease, 1997). This trait could be AS (sickle cell trait), AC (C trait) or AB (Beta thal trait). In addition, there are other less common traits (National Institute of Health, 1995).

Areas Affected by Sickle Cell Disease

Sickle Cell Disease is a disease that affects a special protein inside our red blood cells called hemoglobin. Red blood cells have the important job of picking up oxygen from the lungs and taking it to every part of the body. It is the hemoglobin in these cells that carries the oxygen to different parts of the body. A person with Sickle Cell Disease makes a different kind of hemoglobin. This causes the red blood cells to change their shape. Instead of being smooth and round, the cells become hard and sticky. Their shape looks like a banana or like a sickle, a hand tool used to cut wheat or tall grass. It is this sickle shape of the red blood cells that gives "sickle cell" disease its name. The hard, sticky sickle red blood cells have trouble moving through small blood vessels. Sometimes they clog up these blood vessels so that blood cannot bring oxygen to the tissues. Without oxygen, the area begins to hurt and may become damaged (National Institute of Health, 1995).

Medical Problems Associated with Sickle Cell Disease

One of the most serious problems that people with Sickle Cell Disease have is infections. Infections, like pneumonia, pose a special problem for infants and small children who can get very sick or even die if they do not get prompt treatment. These infections are caused by problems with the spleen, the biggest lymph node into the body. Lymph nodes, like the spleen, help the body kill germs. The sticky sickle cells will clog the spleen so it cannot do its job. This leaves the body vulnerable to infections. In addition, the sickle shaped cells are pulled out of the blood and break down faster than regular red blood cells. As a result, the body cannot make enough new red blood cells to replace the old ones. This decreases the number of red blood cells and the amount of hemoglobin in the body. This "low blood count" is called anemia; if the anemia becomes

severe, the child may need a blood transfusion to prevent heart failure and other problems. Over many years, the lack of oxygen due to clogged blood vessels can lead to tissue damage. This damage can happen to any organ. While not all tissue damage can be prevented, some of it can. With early treatment and good self care, people with Sickle Cell Disease can lessen the damage to their bodies (National Institute of Health, 1995; The National Association for Sickle Cell Disease, 1977).

Proper Treatment of Sickle Cell Disease

Sickle Cell Disease is a chronic disease that affects the body, not the mind. It does not affect how intelligent a person is. With the proper treatment, people with Sickle Cell Disease can live well into middle and late adulthood. Sickle Cell Disease affects different people in different ways, and no one can detect how serious the disease will be for a child. On the other hand, we do know that the following three factors can affect the child's quality of life: (a) the type of Sickle Cell Disease, (b) the kind of care a person receives, and (c) how the person and the people around him deal with the disease. Poor medical care and home care can make a chronic disease like sickle cell much more serious. For example, if a fever is not treated early, a child can become very sick. On the other hand, getting the best medical and home care can help a person live longer and better. Good medical care includes frequent visits to a doctor who has experience with Sickle Cell Disease. It can also mean getting help from other health care providers, like social workers, counselors and physical therapists. Good home care includes many things, from giving young children penicillin twice a day to having them drink a lot of fluids (Kelly, 1996; National Institute of Health, 1995).

Sickle Cell Disease affects each individual differently. While people with Sickle Cell Disease share common experiences, the way they deal with them can be very different. For example, when it comes to pain, some children are able to deal with it as if it is a part of their everyday life. Other children may have the same amount of pain, but have a tougher time handling it. People can learn to handle these experiences better, and families can react in ways that help their child. If a person with Sickle Cell Disease learns positive ways of dealing with his problems, the disease will often feel less serious (Kelly, 1996; National Institute of Health, 1995).

No one can prevent all the complications that a child with a Sickle Cell Disease will face. However, there are two things that can be done to minimize the occurrence of complications: taking care of oneself and avoiding a few activities. Taking care of oneself means that the child must rest when s/he feels tired, drink extra fluids when s/he's active and dress appropriately for the weather. Likewise, there are a few activities that can cause problems related to Sickle Cell Disease and should be avoided. These include activities that expose children to cold temperatures such as cold weather, and those activities that involve high altitudes, such as backpacking, hiking, or skiing are the kinds of activities that should be avoided.

Along with the child and parents taking the responsibility to avoid crises' situations, teachers, and care providers must be knowledgeable of the risks associated with Sickle Cell Disease. In cases where limited expertise, and or knowledge is available, children with sickle cell disease may be placed in restrictive environments and subjected to conditions or situations that precipitate crises situations. Therefore, it is necessary for educators and administrators to be apprised of risks associated with Sickle Cell Disease, and take extra precaution to avoid activities that may cause the child physical harm. The National Association for Sickle Cell Disease (1997) stated that:

> Infants and young children with Sick Cell Disease are especially vulnerable to severe bacterial infections, such as those that cause meningitis and pneumonia. Infections are the leading cause of death in children with sickle cell disease. However, early diagnosis and treatment dramatically reduce the risks of infections and the deaths that result from them. (1997, p.1)

Case Study: A School's Failure to Accommodate a Child with Sickle Cell Disease

Ahmad, a child with Sickle Cell Hemoglobin (C) Disease attended a private preschool in a rural state with an African American population of 3.7%. Upon enrollment in the preschool, the parents completed a medical form and indicated that Ahmad had Sickle Cell Disease with Alpha Thalassemia and discussed the most common symptoms that the preschool should be familiar with. At that time, the mother explained that Ahmad needed to stay indoors during cold weather. Despite the mothers attempt to educate personnel about the nature of Ahmad's disease and the repeated requests to have Ahmad stay indoors during cold weather, the preschool refused to accommodate the student. Personnel at this particular pre-school did not see a need to provide special care, or to make adjustments for Ahmad in his daily school routine.

The parent's requested that the preschool accommodate their child by not allowing him to go outdoors in temperatures below 50°. Fifty degrees or less was selected to address two of the major issues that Ahmad faces with living and managing Sickle Cell Disease. First, this temperature addresses the need to decrease the number of emergency visits to the hospital he has. Ahmad's physiological response to temperatures below 50° degrees is to get a runny nose, coughing, and a high fever (over 101°). All three of these conditions are symptoms of an infection or other complications that require immediate care by a doctor. By the time Ahmad was three, he had 35-40 emergency visits to the doctor's office or the emergency room. Because of the seriousness and complications with Sickle Cell Disease, Ahmad must endure the following procedures during each visit. Prompt administration of intravenous antibiotics to aid against pneumonia and influenza, blood and urine samples. Throat cultures were obtained if there was suspicion of meningitis. Persistent fever or deterioration would require further cultures and evaluation. At age three, Ahmad had endured 35-40 of these procedures during emergency visits.

The second major reason for selecting fifty degrees or less addresses the correlation between extreme cold weather and the onset of a painful episode. "Painful episodes in Sickle Cell Disease are believed to be caused by ischemic tissue injury resulting from obstruction f blood flow produced by sickled erythrocytes. The reduced blood flow causes regional hypoxia and acidosis, dehydration, menstruation, sleep apnea, obstructive snoring; exposure to cold may precipitate such events." (National Institutes of Health, p. 35). Because all painful episodes cannot be prevented, patients should know how to manage mild pain and should be taught to recognize symptoms suggestive of serious problems. Optimal management of patients with painful events requires adequate education of the patient, family, school, and health care providers. Conditions that expose the patient to hypoxia, dehydration, and extreme cold should be avoided. Temperatures lower than fifty degrees would constitute extreme cold weather and pose potential danger for Ahmad.

Finally, cold weather in all of us will constrict our blood vessels. However, our red blood cells are soft and pliable and can easily move through the smaller capillaries. Because people with sickle disease have sickle shaped red blood cells that are hard and sticky, constriction of the capillaries means that it makes it harder to move through the blood vessels. The hard sticky sickle red blood cells have trouble moving through small blood vessels. Constricting an already small blood vessel increases the chances that the sickle shaped cells will clog up these blood vessels so that blood cannot bring oxygen to the tissues. This can cause pain or damage to these areas. The difficulty in deciding what temperature constitutes "cold weather" that would trigger a painful episode exists because the conditions and factors contributing to a painful episode are not an exact science. On the contrary, no one, including a doctor can say with any medical certainty what temperature will trigger a crisis. Part of the difficulty in determining this is that there is no possible way to know when enough sickle shaped blood cells will stick together and clog a blood vessel. Additionally, although medically one cannot catch a cold from exposure to cold weather, Ahmad often has a runny nose and later develops a fever and sometimes a slight cough after he has been exposed to cold weather. These symptoms have taken Ahmad to the

emergency room on numerous occasions. Whenever Ahmad has a runny nose and a cough, the parents must call the doctor for advice; when he has a fever of 101 degrees or more he must be seen by a physician. The reason he has been in the emergency room so frequently is that when he is exposed to cold weather in the daytime, by the time night falls, when the doctor's offices are closed, he has a high fever and has to be seen immediately.

As discussed earlier, the management of this chronic illness is the number one way or component in prevention. Because of the nature of the illness, many of the specifics on the conditions triggering complications are uncertain. In this gray area of medical science, good health care management is essential to reducing the likelihood that problems would arise. The sickle cell experts do not cite a particular temperature as constituting extreme cold weather because each person's response to the weather is different. Thus, preventive measures and treatment approaches address the specific responses/concerns of the individual.

The Preschools Response to the Parents Request

The school rejected the parent's request to keep Ahmad indoors during temperatures below 50°. The preschool provided six reasons for refusing to keep Ahmad indoors: (1) Allowing Ahmad to stay indoors violates the preschool's philosophy of inclusion; (2) the preschool was not properly staffed; (3) the administration insisted that temperatures below 50° could persist for at least 5 months; therefore the request was unreasonable; (4) Physical exercise was stressed in the school's curriculum; and (5) the administration did not believe that outdoor activity in temperatures below 50° would pose a threat.

Laws and State Policy regarding Sickle Cell Disease

Ahmad attended a preschool in a state that recognizes Sickle Cell Disease as an 'Other Health Impairment'. The state's policy is as follows: Other Health Impairments

> (a) encompasses disabilities of limited strength, vitality, or alertness due to chronic or acute health problems such as heart condition, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, cancer or diabetes that adversely affect the student's educational performance.
>
> (b) requires documentation of both of the following: (1) a chronic or acute medical or health condition as diagnosed and described by a licensed physician; and(2) learning and/or behavior problems existing as a result of the medical or health condition. (West Virginia policy 2419, Regulations for the Education of Exceptional Children, 1995, p 14).

Now herein lies the irony; sickle cell is identified as "Other Health Impairments" and yet no one felt it necessary to consult with the parents or other professionals to get an understanding of the disease. In those cases where the disability is "visibly evident" children are referred for evaluation and if eligible, receive special education services. Conversely, children who suffer with sickle cell disease, asthma, and other conditions that lead to recurring bouts of sickness, unpredictable crises, prolonged absences from school may or may not receive special accommodations because individuals are not aware of specific laws, or they fail to recognize the application of disability laws regarding OHI.

Educational Rights

Since Sickle cell Disease is considered to be one of the illnesses that may qualify a student for special education services, it is important to identify those laws that protect a student's educational rights. First of all, since Ahmad was 2 years when he began preschool, one has to examine the goals and eligibility criteria under part C of the Individuals with Disabilities Education Act (1997) which mandates services for children ages 0-2. Second, one has to review Part B of the Individuals with disabilities Education Act Amendments (IDEA) to determine eligibility for 3-21 service.

Individuals with Disabilities Education Act Amendments of 1997

According to the Individual with Disabilities Education Act Amendments Part C of 1997, the goals of Early intervention programs are to:

1. enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay;
2. reduce the educational costs to our society, including our nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;
3. minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independently living in society;
4. enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and
5. enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly ethnically diverse , low-income, inner-city, and rural populations.

Since Sickle Cell Disease affects each child differently, the individuals developmental and academic needs should be determined based on individualized assessments, parental input and observations, both formal and informal. Although Sickle Anemia Disease is recognized as "other health impairments," it is difficult to determine how each child will be affected. According to Part C -- Infants and Toddlers with Disabilities students eligible for 0-2 services must be experiencing developmental delays.

When assessing the child with Sickle Cell Disease we must consider whether the child is at risk of experiencing a developmental delay because of repeated bouts with sickle cell crises. Under IDEA the "At risk infant or toddler" means an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual (IDEA, Sec. 632).
Early Intervention Services, according to section 635 of the IDEA (1997), are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas: (1) physical development; (2) cognitive development; (3) communication development; (4) social or emotional development; and (5) adaptive development.

Education of All Children with Disabilities: Part B

Part B has a clear direct obligation to provide services to students with OHI. The question is what kind of services should be provided to a child with sickle cell disease, or what modifications are needed in the child's program to optimize the learning experiences.

Since sickle cell disease is classified as "Other Health Impairment," each child with sickle cell disease must be afforded the same educational consideration as other students with disabilities. In the case study presented, Ahmad was not given special consideration as a preschooler. The teacher failed to recognize sickle cell as a disability, one that would have required special accommodations in the school setting. It is also apparent that other agencies (Pediatrician, hematologist) did not foresee a need for referral. Because of this, the child's disability was not attended to by educators, and the following mandates were not executed.

According to the Individuals with Disabilities Education Act Amendments of 1997, the following should have occurred.

1. Child Find - According to Section 612 of IDEA (1997), all children with disabilities residing in the State, including children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated and a practical method is developed and implemented to determine which children with disabilities are currently receiving needed special education and related services.

This requirement also pertains to those children who are enrolled in private, including parochial, elementary and secondary schools.

2. Least Restrictive Environment-Section 612 (5) B states that to the maximum extent appropriate, children with disabilities, including those in public/private institutions, are educated with non-disabled children, and that removal from the regular education environment only occurs when education in that setting, with supplementary aids and services, cannot be achieved satisfactorily.

3. Eligibility Determination - A STATE educational agency, other State agency, or local educational agency shall conduct a full and individual initial evaluation before the initial provision of special education and related services to a child with a disability.

The purpose is to (a) determine whether a child has any one following disabilities: with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (hereinafter referred to as "emotional disturbance"), orthopedic impairments, autism, traumatic brain injury, other health impairments, or special learning disabilities; and, who by reason thereof, needs special education and related services (IDEA, 1997) and (b) determine if a child is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, needs special education and related services.

If that student is eligible for special education services, there is a clear determination that the OHI adversely affects educational performance, and an individualized education program (IEP) is written for that child.

4. Individualized Education Program- Section 614 requires that all students eligible for special education services have an IEP. The is a written statement for each child with a disability that is developed, reviewed, and includes:

1.a statement of the child's present levels of educational performance, including: how the child's disability affects the child's involvement and progress in the general curriculum; or for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;

2. a statement of measurable annual goals, including benchmarks or short-term objectives, related to (a) meeting the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum; and (b) meeting each of the child's other educational needs that result from the child's disability;

3. a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child (a) to advance appropriately toward attaining the annual goals; and (b) to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and (c) to be educated and participate with other children with disabilities and nondisabled children in the activities described in this paragraph;

4. an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities.

5. a statement of any individual modifications in the administration of State or district wide assessments of student achievement that are needed in order for the child to participate in such assessment; and

6. the projected date for the beginning of the services and modifications, and the anticipated frequency, location, and duration of those services and modifications;

7. a statement of the transition service needs of the child beginning at age 14, and updated annually under the applicable components of the child's IEP that focuses on the child's courses of study (such as participation in advanced-placement courses or a vocational education program);

8. a statement of (a) how the child's progress toward the annual goals will be measured; and (b) how the child's parents will be regularly informed (by such means as periodic report cards), at least as often as parents are informed of their nondisabled children's progress.

There may be situations when a student with OHI does not meet eligibility requirements set out by state and federal law at the time of assessment. However, in the case of an OHI, it seems reasonable at this point to address the need for modifications in the curriculum, physical environment to prevent crisis, particularly for the child with OHI. Also, due to the progressive nature of sickle cell disease it is essential that these children be reevaluated intermittently to determine eligibility status in the future.

Placement

Section 615 of the Individuals with Disabilities Act (1997) require that procedures are in place to ensure that children with disabilities and their parents are guaranteed procedural safeguards. These safeguards are to insure a free appropriate public education by such agencies.

1. Parents have the right to examine all records that relate to the identification, evaluation and educational placement of the child.
2. The State Education Agency has the right to identify a surrogate for the parents.
3. Parents will receive written prior notice in the event of an agency proposing to initiate changes in a program or refuse to initiate or change program.
4. Written notice shall be provided in the parent's native language.
5. Parties involved are afforded an opportunity for mediation through an impartial hearing.
6. Individuals may present complaints related to the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education to such a child.

Implications for Educators

Educators must be educated about Other Health Impairments so that they can make informed decisions about the needed accommodations. It is necessary for teachers to know:

1. the physical limitations of health impairments such as heart conditions, rheumatic fever, nephritis, asthma, sickle cell, anemia, hemophilia, epilepsy, lead poisoning, cancer or diabetes.
2. teachers need to understand how the impairment may affect the student's educational performance.
3. teachers need to communicate with parents to better understand the students physical limitations.
4. recognize the parent as the expert on all matters related to the child's health.
5. teachers need to make appropriate modifications regarding the child's learning and/or physical environment.

Implications for Administration

1. afford families with children with other health impairments due process under the law.
2. allow for frequent student assessments to evaluate the students academic and social progress.
3. coordinate, search and find procedures with social agencies, health care providers and educators.

Children who suffer from chronic illnesses must be given due consideration when it comes to modifying the educational program or altering the environment. The fact that some illnesses aren't as visible as others does not preclude due process under the law. Disability laws are enacted to protect the rights of children and adults with disabilities.

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